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A psychodynamic approach to obsessive–compulsive disorder

Abstract

Psychodynamic theories of obsessive–compulsive personality emphasize the significance of early experiences, the anal stage of development, and internalized objects that shape later patterns of control, perfectionism, and rigidity. Within Integrative Psychodynamic Psychotherapy (the OLI method), the capacity for work and the capacity for love are understood through the lens of early relationships and the ways in which authority figures and significant objects mirrored the child. Obsessive–compulsive patterns are thus conceptualized not merely as symptoms, but as a personality organization that serves to defend the Self against anxiety, a persecutory superego, and repressed impulses.

Particular importance in the treatment of these clients is given to the analysis of transference, as through transference the therapist becomes a superego figure, a mother, a father, or a shadow, thereby enabling the repetition and working-through of early conflicts. In this way, rigid patterns of control and perfectionism are deconstructed, and their underlying meanings become accessible. Transference thus represents the primary field in which the client learns to recognize and integrate repressed affects, to develop a greater tolerance for ambivalence, and to gradually move from rigid control toward a more flexible and vital relationship with the self and with others.

In this paper, we illustrate how anal rigidity manifests in the domains of work and relationships within the therapeutic process, how it is linked to family figures (mother, father, sister, grandparents), and how it can be illuminated and transformed through transference and countertransference. In this way, the psychodynamic approach to obsessive–compulsive disorder transcends a purely symptomatic perspective and opens space for deeper personality change, through the integration of the superego, the shadow, and a more whole experience of objects.

Keywords: obsessive–compulsive disorder; anal stage; superego; transference; object constancy; OLI method.

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1. INTRODUCTION

The psychodynamic approach to obsessive–compulsive personality organization and disorder offers a distinctive perspective that goes beyond the mere description of symptoms. Rather than focusing exclusively on obsessive thoughts, compulsive rituals, and perfectionistic patterns, this approach explores the underlying intrapsychic conflicts, unconscious dynamics, and early relational experiences from which these symptoms emerge. Obsessive–compulsive disorder is thus not understood as a simple "habit" or an isolated condition, but as a complex mode through which the personality maintains a balance between the internal demands of the superego, repressed impulses, and the need to control the external world.

A central element of psychodynamic work is the analysis of transference. Within the therapeutic setting, unconscious patterns originating in early relationships are reactivated and transferred onto the therapist. In this way, the client "re-enacts" early conflicts, allowing them to be observed, interpreted, and transformed within the here-and-now of the therapeutic relationship. Transference becomes a bridge between past experience and present subjective reality; through its analysis, the client gradually learns to integrate repressed aspects of the self and to develop a more flexible and differentiated way of relating to others.

In this chapter, we illustrate how work with transference opens up the core themes of the client's internal dynamics:

- the relationship with the mother as a figure who mirrored the client through effort and achievement, while simultaneously diminishing his sense of personal value;
- the experience of the father as a passive and powerless figure, evoking feelings of disgust and shame;
- rivalry with the sister and identification with maternal values;
- differing experiences with grandmothers, ranging from warmth and frugality as sources of safety to intimidation and magical thinking;
- the projection of the shadow onto a friend and a romantic partner;
- and the manner in which all of these dynamics are reenacted within the therapeutic relationship, where the therapist alternately occupies the position of the superego, the shadow, the mother, or the father.

In this way, psychodynamic work enables not only an understanding of symptoms, but also their translation into emotional experience that can be processed, integrated, and transformed. The material presented demonstrates that the analysis of transference is essential for understanding how rigidity, perfectionism, and the need for control operate within the client's personality, as well as for opening a pathway toward greater freedom, vitality, and the capacity for love and work.

2.Case Presentation

2.1 Demographic and Professional Information

The client is a male individual employed as a sports coach at a private sports school. He works with children aged 3 to 15, organized into several groups. In addition to conducting training sessions, he independently manages administrative tasks, including membership fees, record keeping, and equipment management. Although colleagues are available who share similar responsibilities, the client demonstrates marked reluctance to delegate tasks.

2.2Reason for Referral

Initial contact was established following a lecture on discipline in children, which the client attended. His initial motivation was professional development; however, after several weeks he decided to engage in psychotherapeutic work due to pronounced anxiety, difficulties in fulfilling obligations (university studies, driving examination), problems with work organization, and a subjective sense of "laziness."

2.3Clinical Observations

At the first session, the client appeared polite but reserved, with a carefully maintained appearance (neat clothing, use of perfume, formal posture). During the interview, he repeatedly expressed disgust toward what he described as "ill-mannered" children, parents who were late with payments, and children he referred to as "weak" or "incapable," a term he used to denote lack of motivation and failure to adhere to rules. Emotional expression was generally constricted, with the notable exception of disgust.

His bodily posture was rigid: he sat upright, with his shoulders drawn inward toward the body. Prior to sessions, it was observed that he spent a prolonged time washing his hands in the restroom and avoided touching objects in the therapy room, which may indicate a heightened need for control and distancing from bodily sensations. A motor tic (raising of the eyebrows) was present, which the client experienced as a source of shame and as inappropriate behavior in front of the children's parents. Perfectionism was evident both in his professional and private activities – he frequently reads pedagogical articles in order to "do better," yet finds it difficult to accept help or collaborate with colleagues.

The client's bodily posture clearly reflects what Wilhelm Reich described as *character armor* – chronic muscular tension that expresses psychological defenses. The upright sitting position with shoulders drawn inward suggests rigidity and a need to control and suppress bodily sensations. Prolonged handwashing and avoidance of touching objects can be understood as bodily equivalents of obsessive rituals – attempts to maintain boundaries between inner and outer experience, and between what is perceived as clean and "contaminated." The eyebrow-raising tic functions as a somatic symptom that carries repressed tension while simultaneously evoking feelings of shame and inadequacy.

Perfectionism, present both in professional and personal domains, further confirms an anal–obsessive personality organization and a pronounced need to maintain a sense of safety through bodily and mental control. In Reich's terms, the body here is not merely the site of symptoms, but a map of psychological defenses – the way in which inner conflict is literally "inscribed" into muscular tension and behavior (Reich, 1949/1972).

2.4 Family Dynamics

Mother

The client's mother was the central figure in the family – caring and responsible, yet emotionally restrained and distant. Although she was permanently employed in a school, she also worked additional jobs to ensure the family's subsistence. During the client's childhood, the family lived in severe poverty, making the mother's work crucial for survival. During this period, the client took care of his younger sister, studied diligently, and regularly fulfilled household responsibilities. He describes himself as obedient but "not very intelligent" – a self-image derived from his mother's descriptions, thus representing a form of early mirroring.

In Kohutian terms, the mother provided mirroring that affirmed the client's obedience and diligence, while simultaneously limiting him through the characterization of being "not intelligent." Rather than supporting his grandiose self and fostering the development of self-confidence, the mirroring was partial and diminishing. The outcome was narcissistic vulnerability and a persistent sense that personal worth must be earned through effort, while a deeper experience of inadequacy remained intact (Kohut, 1971).

In parallel, an oedipal dynamic is evident. The client frequently emphasizes that his mother was unhappy in her marriage and that she "should have divorced." He experienced her as someone who felt "better with him than with the father," with the two of them connected through a shared identification with work, perseverance, and emotional restraint. In this way, the mother became an exclusive object, while the father occupied the position of rival – an expression of a classical oedipal constellation (Freud, 1923/1961). Anger emerged at the moment when the client became aware of the possibility that the mother may nevertheless have wanted to remain in the marriage. This affect, although painful, functioned as a breakthrough from habitual indifference and introduced a sense of vitality into the therapeutic process.

A clear transference reaction manifested when the therapist asked, "How do you know that your mother was unhappy?" The client experienced this as a disappointment, accusing the therapist of being "unprofessional and speculative." This was followed by resistance in the form of passive aggression and lateness to sessions – behavior entirely atypical given his usual pedantry. In the transference, the therapist was positioned as a disappointing mother, mirroring the mother's perceived disappointment through remaining with the father. The resistance expressed through lateness can be understood both as passive revenge and as an attempt to preserve the idealized image of the mother, defending against the collapse of the fantasy of an exclusive relationship.

Alongside the oedipal dynamic, a Kohutian theme of *twinship* is also significant. The client and his mother shared a sense of togetherness in enduring life: both diligent and persistent, yet emotionally absent. This twinship provided him with a sense of belonging, but not of warmth. Only through the emergence of anger did space open for the experience of vital affects and the possibility of deeper emotional processing.

3 Psychodynamic Significance

1. Maternal mirroring: Partial and diminishing mirroring shaped narcissistic vulnerability and a persistent sense of inadequacy.
2. Oedipal dynamics: The mother as an exclusive object and the father as a rival; the fantasy of maternal belonging leads to anger when confronted with her remaining in the marriage.
3. Transference and resistance: The therapist experienced as a disappointing mother; resistance emerges through passive aggression and lateness, preserving the idealized maternal image.
4. Twinship: Identification with the mother through shared submission to life maintains emotional coldness and limits vitality.
5. Affect of anger: The emergence of anger in therapy represents a significant moment in which the client moves beyond indifference and opens the possibility for emotional contact and further integration of repressed affects.

3.1Father

The client's father was a long-term oncology patient – passive and dissatisfied, spending most

of his time at home watching television. The client experiences him through feelings of disgust and aversion, in contrast to the image of the mother as active and combative. During therapy, he recalled an episode in which the smell of his father's urine strongly evoked associations of helplessness and bodily decay. Initially, he was unwilling to acknowledge feelings of disgust toward his father; when the therapist drew attention to a facial expression revealing these affects, the client experienced shame and began to cry.

In reflecting on this moment, the client stated that he was crying because "this is not right," indicating the operation of an internal persecutory superego (Freud, 1923/1961) that forbids the acknowledgment and expression of ambivalent feelings toward the father. The disgust evoked by the smell of urine can be understood as a symbolization of intolerable feelings related to the father's passivity, helplessness, and decline. Ambivalence is pronounced: on the one hand, pity and a sense of obligation; on the other, feelings of aversion and disappointment.

The father is described throughout life as "not particularly hardworking," having held occasional and insignificant jobs before ceasing work entirely following his illness. In this vacuum, the client often assumed the father's position, taking on the role of the "older man in the household," a perception reinforced by others, who described him as "precocious." This premature parentification (Boszormenyi-Nagy & Spark, 1973) further consolidated his identification with responsibility and obedience, while simultaneously hindering the development of spontaneity and vitality.

School relationships confirm this dynamic. The client formed a particularly significant bond with a physical education teacher, through whom aspects of father-related feelings were worked through. Symbolically, this teacher occupied the position of a paternal figure, offering a model distinct from the passive and ill father, thereby enabling partial working-through of the oedipal conflict (Freud, 1924/1959) and fantasies related to authority.

3.2Psychodynamic Significance

1. Disgust and shame: Disgust toward the smell of urine symbolizes aversive feelings toward the father; shame and tears reflect the action of a strict persecutory superego inhibiting affective expression.
2. Ambivalence: Simultaneous experiences of obligation, pity, and aversion indicate unresolved oedipal and narcissistic conflicts.
3. Paternal passivity: The image of a father who "gave up on life" heightens contrast with the mother and strengthens identification with her as active and combative.
4. Parentification: Premature assumption of the paternal role and the experience of being "precocious" point to early maturation and loss of the child position, shaping rigid responsibility and limiting play and spontaneity.
5. Substitution of the paternal figure: The relationship with the physical education teacher represents an attempt, through transference, to locate and reconstruct a paternal figure capable of offering authority, boundaries, and a model for identification.

3.3Sister

The client's sister is described as distant and independent; she completed university and secured stable employment after a period of working under difficult conditions. During adolescence, she experienced episodes of bulimia (Bruch, 1978), followed later by multiple surgeries for breast tumors. In contrast to the father, the client perceives her as functional and combative, yet emotionally

volatile and "nervous." In therapy, he recognized that his sister harbored anger toward the mother, while he himself was perceived as the "favorite."

Within family dynamics, he often assumed the role of mediator, aligning himself with the mother and positioning himself in opposition to the sister. On an unconscious level, this reflects oedipal rivalry (Freud, 1924/1959): the sister becomes a rival in the struggle for maternal love. The client attempts to "defeat" the sister through identification with maternal values – obedience, responsibility, pedantry, and diligence. In contrast, the sister is emotional, unstable, and viewed by the mother as "problematic." The paradox lies in the fact that, despite this, the mother remains attached to the sister, thereby confirming the client's fantasy that love can never be secured solely through effort and obedience.

At the level of psychosexual development, this dynamic maintains the client within the anal stage (Freud, 1908/1959), characterized by a focus on control, orderliness, frugality, and obstinacy. In the clinical presentation of his obsessive–compulsive disorder, traits of pedantry, rigidity, and a need for correctness are clearly evident. In contrast to the sister, who remains in an oral–impulsive position through bulimia and emotional outbursts (Abraham, 1924/1966), the client clings to anal values rewarded by the mother: order, control, and effort. Through this, he unconsciously seeks to secure maternal love and validation.

In this sense, obsessive–compulsive personality organization can be understood as an adaptive response to family dynamics: he is "good" through work, self-control, and repression of impulses, while the sister is "bad" because she expresses emotions and bodily needs (overeating, illness). Despite this "victory," the experience remains ambivalent – the mother remains attached to the sister, so his efforts never lead to a sense of exclusive security. This results in a persistent narcissistic deficit: love cannot be won, not even through perfectionism and obedience (Kohut, 1971).

3.4 Psychodynamic Significance

1. Sibling rivalry: Within oedipal dynamics, the sister is a rival for maternal love; the client seeks victory through anal values of work, order, and obedience. Anal position and OCD: Attachment to anal characteristics provides a sense of control and moral superiority, but maintains rigidity and impulse repression.
2. Ambivalent victory: Despite being the "favorite," the mother remains attached to the sister, undermining the fantasy of exclusive triumph and reinforcing obsessive control.
3. Maternal criteria: By rewarding anal values (order, effort) and rejecting emotionality, the mother shaped the path toward obsessive organization.
4. Narcissistic vulnerability: The paradox of being a "winner" in the mother's eyes but a loser in reality, as love cannot be secured through control.

3.5 Maternal Grandmother

The maternal grandmother appears in the client's memory as a warm and supportive figure who, despite poverty, was able to provide a sense of security and acceptance. Unlike the mother, who emphasized work, discipline, and obedience, and the father, who was passive and helpless, the grandmother offered emotional availability and understanding. With her, the client found refuge and the experience of being seen and loved without achievement-based conditions.

On the level of psychosexual development, the grandmother can be linked to the anal stage (Freud, 1908/1959), but in its adaptive dimension. The poverty in which she lived shaped values of

frugality and rational resource management; however, this frugality was not rigid or persecutory, but served to ensure safety and continuity. Through this relationship, the client internalized the idea that saving can serve security rather than deprivation.

This distinction proved crucial in therapy. While the mother's version of anal values was marked by coldness and conditionality ("you are worthy if you work and strive"), the grandmother transmitted these same values within an atmosphere of warmth and care. Evoking memories of her allowed the client to experience emotions as legitimate and valuable, linking self-control and frugality to safety and belonging rather than to deprivation and rigidity. In this sense, the grandmother functioned as a corrective figure (Kohut, 1971), mitigating obsessive–compulsive tendencies and opening the possibility for rigid control mechanisms to transform into adaptive self-care.

3.6 Psychodynamic Significance

1. Warmth and acceptance: The grandmother compensates for maternal coldness and paternal passivity, offering emotional safety.
2. Anal dimension: Frugality and self-control acquire meanings of care and security rather than rigid deprivation.
3. Corrective experience: Evoking memories of the grandmother in therapy enabled the client to associate safety with emotional acceptance.
4. Integration: Through this figure, rigid anal patterns could be reinterpreted and linked with warmth, serving as an important corrective factor.

3.7 Paternal Grandmother

The paternal grandmother occupies the position of a manipulative and frightening figure, inclined toward superstition, magical explanations, and rituals that evoked fear and insecurity in the client. In contrast to the warm maternal grandmother, she appears as her complete opposite – unpleasant, emotionally distant, yet practical and materially stable. During sessions, when speaking about her, the client appeared visibly frightened, indicating the enduring emotional imprint of her attitudes and behaviors.

Her superstition and rituals left a significant psychodynamic mark. Magical thinking, which is a natural aspect of early cognitive and emotional development (Piaget, 1929/1951), was not transcended in contact with her but rather reinforced through her beliefs and practices. This contributed to a lasting tension between realistic thinking and fantasized fear, forming a foundation for obsessive–compulsive patterns (Freud, 1907/1959). OCD dynamics often revolve around attempts to control magical thinking through logic and ritual; it was precisely in contact with this grandmother that the client encountered real confirmation of the power of "invisible forces" and the threat they posed.

Psychodynamically significant is also her role as a "window" to the external world in place of the passive and ill father. She provided practical stability and external engagement, while the father remained withdrawn and helpless. In this way, she occupied aspects of the paternal function, albeit in a distorted form – offering not a model of secure authority, but one infused with fear and irrationality. This contributed to the formation of an ambivalent representation of authority: simultaneously necessary and frightening (Klein, 1946/1975).

3.8 Psychodynamic Significance

1. Magical thinking: Her rituals and superstition prolonged magical thinking and laid the groundwork for later obsessive–compulsive patterns.
2. Fear and insecurity: Her presence shaped a persistent experience of threat and anxiety, reactivated in therapy.
3. Authority figure: She replaced the passive father as a link to the external world, but offered authority marked by manipulation and fear.
4. Ambivalence: Both repellent and stabilizing, she fostered a conflicted representation of authority as both necessary and dangerous.
5. Development of OCD dynamics: Experiences with her contributed to the client's later reliance on control and pedantry as defenses against perceived magical threat and unpredictability.

3.9 Social and Romantic Relationships

The client's friendships are described as superficial and marked by his critical stance. In relationships, he tends to assume a superego position – moralizing, pointing out others' "mistakes," and rarely expressing emotional warmth. His closest friend is a colleague, a former gambling addict, toward whom the client adopts the role of moral corrector.

Within work on object wholeness, this friend serves a significant shadow function. He embodies traits the client repudiates and projects outward: laziness, rule breaking, wasting money, and a lack of control and discipline (Jung, 1959/1991). From the perspective of the anal stage, the friend represents the opposite of the client's internalized values of order, frugality, and control (Freud, 1908/1959). The client experiences him as wasteful and irresponsible, while viewing himself as frugal, meticulous, and responsible. This projective dichotomy reflects the rigidity of the anal position: in order to maintain a sense of order and moral superiority, the client divides the world into "those who control" and "those who squander." The gambler friend allows him to continually confirm his own righteousness, while also confronting – through projective–transference processes – his own repressed side.

At the beginning of therapy, the client regarded romantic relationships as secondary to work. He typically became involved with emotionally unavailable women, while more available partners quickly lost their value. Attachment was characterized by monitoring social media profiles, a pseudo-sense of "fated connection," and obsessive rumination. This pattern suggests narcissistic vulnerability and an impaired capacity to experience the other as whole – the object's value oscillates between idealization and devaluation (Kernberg, 1975).

During therapy, the client entered a more stable relationship that lasted longer than two years. His partner is described as cheerful, easily irritated, prone to affectionate behavior, enjoys cooking, and often wears colorful clothing. Based on external characteristics, she may resemble a hysterical/histrionic style; however, without sufficient clinical material, such a formulation cannot be asserted. For the client, she also functions as a "shadow," though in a different way than the friend: her liveliness, playfulness, emotional expressiveness, and bodily closeness represent what he does not allow himself within a strict anal position. Her inclination toward expressiveness and corporeality (food, colors, emotionality) stands in contrast to his rigid values of frugality, self-control, and restraint.

In this way, both the gambler friend and the partner function as shadow figures – persons through whom his disowned parts become embodied. In his relationships with them, he encounters what he represses: wastefulness and loss of control through the friend, and vitality, spontaneity, and emotionality

through the partner. Both relationships create therapeutic opportunities for work on object wholeness: integrating opposing aspects of the self and recognizing that both control and excess, frugality and playfulness, are part of human experience.

4. Capacity for Love

The client initiated the relationship via the Tinder application, which provided him with a sense of control from the outset. He studied his partner's profile and emphasized that it was important for her to be "proper" and not to make mistakes. This reflects his need to render the relationship predictable and, through control, to reduce anxiety and the risk of emotional injury.

When asked what he liked about his partner, he often responded in the form of rules ("I should have a girlfriend") rather than expressing personal experience. In doing so, he avoided contact with his own emotions and with the shadow activated by the partner – her playfulness, colorfulness, and vivid expressiveness. Only through therapeutic work did he become able to name concrete qualities, describing her as beautiful, decent, and charming.

At the same time, he experienced fear and mistrust toward what he perceived as her frivolity and superficiality, since these traits threaten his internal need for order and control. This ambivalence was further colored by his relationship with his mother: initially, he feared that his mother would judge his choice of a "frivolous" girlfriend, but it emerged that the partner was likable and was app--roved of by the mother. This disrupted his fantasy of the mother as a strict judge and created space for the relationship to endure and consolidate.

Object Wholeness

Work on this relationship highlights the client's capacity for object wholeness (Jovanović, 2013):

- Tolerance of ambivalence: although he is disturbed by traits he experiences as superficial, he manages to maintain the relationship and preserve a positive image of her.
- Maintenance of object value: the partner remains "beautiful, decent, and charming" even when she frustrates him; the object is not fully devalued due to negative aspects. Integration of emotion and closeness: the relationship lasts longer than previous ones, and he is able to sustain both bodily and emotional intimacy, rather than remaining in obsessive fantasies about unavailable partners.
- More realistic experience of the other: instead of experiencing her as someone who must satisfy a rule, he is learning to see her as a person with her own traits – both attractive and irritating.

4.1 Psychodynamic Significance

Within the romantic relationship, the client develops the capacity for love by moving from rigid moralization and control toward acceptance of ambivalence and tolerance of the other's reality. The partner, as a "shadow," carries his disowned parts – playfulness, frivolity, emotionality – and through the relationship he has an opportunity to recognize and integrate them. Clinically, this represents an important step in the competence of object wholeness: maintaining a positive experience of the other despite frustration, and building a relationship that endures.

5 Capacity for Work

In the client's professional functioning, a pattern of anal character is clearly recognizable (Freud, 1908/1959), manifesting as rigidity, perfectionism, and a need for absolute control. His working style is characterized by constant concern that every task be completed "properly," with insistence that every detail be put in order and left in its designated place. The workspace, documentation, and duties must be systematically organized, and any deviation evokes irritation and a sense that the order has been disturbed.

He experiences colleagues ambivalently: on the one hand, they are friends and part of his social environment; on the other, they are frequent targets of his criticism. He most often accuses them of "laziness" and "carelessness," emphasizing that they do not pay sufficient attention to details or do not respect procedures.

Rather than sharing tasks and delegating, the client assumes nearly all responsibilities himself. Administrative duties, training sessions, and event organization remain in his hands, because entrusting others is experienced as a risk of error and loss of control. As a result, he becomes overburdened and exhausted, while simultaneously maintaining the sense that he is the one who holds the system together.

This pattern is largely shaped by an internal superego (Freud, 1923/1961). He experiences authorities with fear and respect, and their potential criticism would constitute a serious blow. Therefore, he frequently "reports" colleagues' shortcomings and mistakes to supervisors, as if demonstrating his own correctness and loyalty to rules. The supervisor functions here as a symbol of the superego – an instance that evaluates and punishes. Through diligent task performance and highlighting others' errors, the client defends himself against imagined punishment.

In his case, anal character is evident across several key dimensions:

- Rigid control – work must be done according to rules, without improvisation or deviation.
- Perfectionism – standards are high and non-negotiable; even minor errors are experienced as serious problems.
- Meticulousness and orderliness – insistence that everything remain in its place materially and organizationally.
- Criticism and moralization – colleagues are evaluated primarily by whether they are correct, rather than by personal qualities or outcomes.
- Inability to delegate – assigning tasks to others evokes fear of losing control and being disappointed by the outcome.

Within the OLI method, the capacity for work includes not only perseverance, responsibility, and organization, but also flexibility, creativity, and the capacity for cooperation (Jovanović, 2013). In the client, the first dimensions (perseverance, discipline, responsibility) are highly developed, but at the expense of the latter. His work capacity remains rigid and defensive: he works extensively and thoroughly, yet with little spontaneity and limited trust in others.

In this pattern, work serves a protective function: through perfectionism and meticulousness, the client calms his internal persecutory superego (Freud, 1923/1961). If everything is done "properly," and he presents himself as diligent, the likelihood of being criticized or punished is reduced. In this sense, work becomes a field of continuous self-monitoring and self-justification rather than creative development. Perfectionism functions as an internal ritual that protects him from anxiety.

Clinically significant is also the use of work as a means of affect regulation. When he feels frightened, insecure, or hurt in interpersonal relationships, the client turns to work and task completion. This reflects anal economy (Abraham, 1921/1966): energy that might be invested in emotional relationships is shifted into control and order. As a result, work remains the domain of safety, while romantic and friendship relationships remain secondary and are threatened by his rigid patterns.

In the therapeutic process, it is important to differentiate between healthy and rigid aspects of his capacity for work. Healthy aspects are reflected in perseverance, responsibility, and meticulousness – qualities that enable professional functioning and recognition as reliable. Rigid aspects, however, undermine collaboration, because he cannot tolerate different working styles and feels threatened when responsibility must be shared.

5.1 Psychodynamic Significance

- Anal rigidity: work is permeated by demands for complete orderliness and control; errors are experienced as catastrophic.
- Persecutory superego: the boss/authority functions as an internal critic; work and reporting others' shortcomings defend against imagined punishment.
- Maintenance of control: inability to delegate and the need for everything to remain "in place" reduce anxiety.
- Function of work: work becomes a ritualized activity that preserves a sense of safety and keeps affects under control, but constrains creativity and teamwork.
- Therapeutic focus: develop flexibility, tolerance of error, and trust in others; enable work to become a domain of enjoyment and collaboration, not only control and self-proof.

6 Transference in Treatment

During the therapeutic process, the client displayed a range of transference reactions, which were often central to understanding his personality structure. These reactions allowed unconscious patterns from early relationships to become activated within the therapeutic setting and to be taken up as material for psychotherapeutic work.

1. The Therapist as Superego

Manifestation:

When recalling disgust triggered by the smell of his father's urine, the client responded with shame and tears. When asked why he was crying, he replied, "Because it's not right." In that moment, the therapist was positioned as a strict superego that sanctions "forbidden" feelings toward parental figures.

Vignette:

- Therapist: "I can see you felt ashamed when you said the smell reminded you of your father."
- Client: "Yes… but it's not right. I'm not allowed to feel that way."

Interpretation:

It became apparent that the shame was driven by a persecutory superego that forbids the expression of aversive affects. Through working with this transference, the client gradually recognized

that the therapeutic space could be a place where such feelings are legitimate and can be thought about rather than punished.

2. The Therapist as Shadow

Manifestation:

When the therapist questioned his narrative about the mother ("How do you know she was unhappy?"), the client responded with resistance, accusing the therapist of being "unprofessional and speculative." Following this, he began arriving late for sessions – completely atypical given his usual pedantry.

Vignette:

- Therapist: "How do you know your mother was unhappy?"
- Client: *(falls silent, facial expression shifts)* "Well… you're being unprofessional now. Those are your speculations."

Interpretation:

In that moment, the therapist became a shadow figure – someone who disrupts the idealized image and introduces doubt, carrying split-off aspects of the client's experience (e.g., being "speculative," "irrational"). The resistance expressed through lateness functioned as a passive–aggressive attempt to preserve idealization and ward off disillusionment.

3. The Therapist as Father

Manifestation:

When working on themes related to work and authority, the client displayed marked meticulousness and fear of making mistakes. In those moments, he experienced the therapist as an authority figure to be feared and simultaneously as someone before whom he must prove himself.

Vignette:

- Client: "I do everything exactly. I'm never late. I report every issue to my boss… There are no mistakes with me."
- Therapist: "It seems very important to you not to make mistakes. What do you imagine would happen if you did make one – say, if you were late to a session?"
- Client: "Yes – punishment would come immediately. Authorities don't forgive."

Interpretation:

Here, the therapist was experienced as paternal authority. The client projected an internal fear of punishment and a persecutory superego, in line with an internalized father representation marked by passivity and helplessness. This helped illuminate how strict internal authority is maintained despite the lived experience of an "empty" paternal figure.

4. The Therapist as Mother

Manifestation:

In transference, the therapist was often experienced as a maternal figure – someone who understands and supports, but who also disappoints when expectations are not met.

Vignette:

- Therapist: "I have the impression that something shifted in our relationship after we spoke about your mother."
- Client: "Yes – then you disappointed me. You were unprofessional, you were speculating. Surely she knows what the marriage was like."

Interpretation:

This pattern repeats the ambivalence in his relationship with his mother: the need for safety and recognition alongside the recurrent experience that the mother does not fulfill his fantasies. Within the therapeutic relationship, he began to learn that an object can be both frustrating and valuable – an essential step toward greater object wholeness.

5. The Therapist as Mirror: Writing Down Sessions

Manifestation:

After sessions, the client frequently wrote down what had been discussed and brought his notes to read aloud in front of the therapist, emphasizing that he was a "good and obedient client." On one occasion he asked, "Why don't you write?" – opening space to explore the meaning of writing and remembering.

Vignette:

- Client: "I write down everything we did. Why don't you write? Does that mean it isn't important to you?"
- Therapist: "What would it mean to you if I did write?"
- Client: "It would mean you're devoted. But if you don't write, then you probably have superpowers to remember."

Interpretation:

This scene illustrates a mirroring transference. The mother mirrored him as worthy when he tried hard, yet "not very intelligent." In relation to the therapist, a fantasy emerged that he must be the one who writes and proves himself through effort, while the therapist "has the power to remember." Working with this allowed the therapist to mirror that both remembering and forgetting can have meaning and function, opening the possibility of a corrective emotional experience.

7 Conclusion

In contemporary clinical practice, obsessive–compulsive disorder is often reduced to a symptomatic focus – obsessive thoughts, compulsive rituals, and perfectionistic patterns. A psychodynamic approach, however, demonstrates that these symptoms are not isolated manifestations but expressions of deeper intrapsychic conflicts and early relational patterns.

In this client, rigidity, pedantry, and control were clearly not merely habits or temperamental traits, but defensive operations against a persecutory superego, magical thinking, and repressed impulses. His perfectionism emerges from an attempt to appease internal punishment, while the need for control reflects fear that the "shadow" – repressed anger, wastefulness, frivolity, or emotionality – might break through into awareness.

Psychodynamic work makes it possible to:

- identify the origins of symptoms in early mirroring experiences and oedipal configurations;
- understand the function of symptoms as methods of regulating fear and guilt;

- explore transference reactions as repetitions of relationships with parental figures;
- and open space for integration – greater tolerance of ambivalence, object wholeness, and a more flexible relationship to work, love, and emotion.

The value of a psychodynamic approach to OCD lies in the fact that it does not treat symptoms merely as phenomena to be "removed," but as a language of the unconscious that offers insight into the individual's internal personality dynamics. Only when the meaning of symptoms is understood and unconscious conflicts are worked through can the client develop greater freedom, flexibility, and a more authentic relationship to the self and to others.

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